



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): INSALACO, Robert W.
 For: CEILING SYSTEM
 Serial No.: 10/510,166
 Filed: 10/01/2004

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted for filing in the above-referenced patent application are the following:

- An Assignment of the invention to, Assignment cover sheet, and charge deposit account in the amount of \$ for the recording fee of 4 Assignments.
- A Declaration for Utility or Design Patent Application.
- Copy of the Notice to File Missing Parts of Nonprovisional Application Filing Date Granted.
- Check in the amount of \$130.00 for the large entity surcharge for late filing of the Declaration as set forth in 37 C.F.R. § 1.16(e).

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 22-0257:

- 1) Any patent application processing fees under 37 C.F.R. § 1.17;
- 2) Any filing fees under 37 C.F.R. § 1.16 for presentation of extra claims; and
- 3) Any additional filing fees required under 37 C.F.R. § 1.16.

A duplicate copy of this correspondence is enclosed.

Respectfully submitted,

ROBERT W. INSALACO

Dated: 4/18/05

By Thomas L. Lockhart

Thomas L. Lockhart, Reg. No. 29,324
 VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP
 Bridgewater Place
 Post Office Box 352
 Grand Rapids, Michigan 49501-0352
 (616) 336-6000

04/21/2005 SNAJARDO 00000052 220257 10510166

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PATENT

3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant[s]: INSALACO, Robert W.
 For: CEILING SYSTEM
 Serial No.: 10/510,166
 Filed: October 1, 2004

Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

"Express Mail" Mailing Label No.:
 EV 437770590 US

Date of Deposit: April 18, 2005

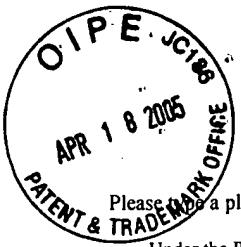
Sir:

I hereby certify that the documents listed below are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

<input checked="" type="checkbox"/> Transmittal Form	<input checked="" type="checkbox"/> Declaration for Patent Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check attached for \$	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Notice of Allowance and Issue Fee Due
<input type="checkbox"/> Provisional Application for Patent Cover Transmittal <input type="checkbox"/> Specification ____ Pages <input type="checkbox"/> Claims ____ Pages	<input type="checkbox"/> Information Disclosure Cover Letter <input type="checkbox"/> IDS PTO 1449 <input type="checkbox"/> References	<input type="checkbox"/> Certificate of Correction
<input type="checkbox"/> Design/Utility Application Transmittal <input type="checkbox"/> Specification ____ Pages <input type="checkbox"/> Claims ____ Pages	<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> References	<input type="checkbox"/> Maintenance Fee Transmittal Form <input type="checkbox"/> Maintenance Fee Payment
<input type="checkbox"/> PCT <input type="checkbox"/> Transmittal Letter to the United States Receiving Office <input type="checkbox"/> PCT Fee Calculation Sheet <input type="checkbox"/> PCT Request ____ Pages <input type="checkbox"/> PCT General Power of Attorney Cover Letter <input type="checkbox"/> PCT General Power of Attorney	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Letter to Official Draftsman	<input checked="" type="checkbox"/> Itemized Postcard
<input type="checkbox"/> Request Transmittal (RCE or CPA)	<input type="checkbox"/> Response to Missing Parts /Incomplete Application	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	
<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Request for Refund	

Dated: 4.18.2005

Courtney N. Demann
 Courtney N. Demann
 VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP
 Bridgewater Place
 Post Office Box 352
 Grand Rapids, Michigan 49501-0352
 (616) 336-6000



Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

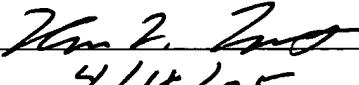
(to be used for all correspondence after initial filing)

		Application Number	10/510,166
		Filing Date	10/01/2004
		First Named Inventor	INSALACO, Robert W.
		Group Art Unit	Not Assigned
		Examiner Name	Not Assigned
Total Number of Pages in This Submission		Attorney Docket Number	HMI P1195US1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts /Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; padding: 5px;">Express Mail Certificate, Declaration, Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

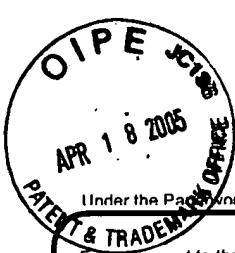
Firm or Individual Name	VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP THOMAS L. LOCKHART
Signature	 4/18/05
Date	4/18/05

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name	
Signature	Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	130.00
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Complete if Known

Application Number	10/510,166
Filing Date	10/1/2004
First Named Inventor	INSALACO, Robert W.
Examiner Name	N/A
Art Unit	N/A
Attorney Docket No.	HMI P1195US1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 22-0257 Deposit Account Name: Varnum, Riddering, Schmid

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

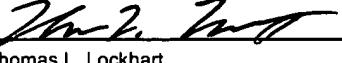
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Late Filing Fee for Declaration

Fees Paid (\$)

\$130.00

SUBMITTED BY

<u>Signature</u>		<u>Registration No.</u> (Attorney/Agent) 29,324	<u>Telephone</u> (616) 336-6000
Name (Print/Type)	Thomas L. Lockhart		Date 4/18/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

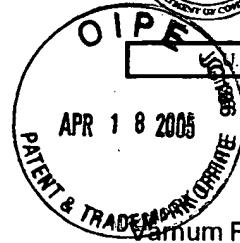
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PCT



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov



U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
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10/510,166

Robert W Insalaco

HMI P119SUS1

INTERNATIONAL APPLICATION NO.

PCT/US03/10650

I.A. FILING DATE	PRIORITY DATE
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04/04/2003

04/04/2002

CONFIRMATION NO. 5101
371 FORMALITIES LETTER



OC00000015176058

Date Mailed: 02/16/2005

NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 10/01/2004
- Copy of the International Search Report filed on 10/01/2004
- Copy of IPE Report filed on 10/01/2004
- Request for Immediate Examination filed on 10/01/2004
- U.S. Basic National Fees filed on 10/01/2004
- Priority Documents filed on 10/01/2004

The PTO did not receive the following listed items. Check for 1/30/05

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- **\$130** Surcharge for providing the oath or declaration later than 30 months from the priority date (37 CFR 1.492(e)) is required.

SUMMARY OF FEES DUE:-

Total additional fees required for this application is **\$130** for a Large Entity:

- **\$130** Late oath or declaration Surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

A copy of this notice MUST be returned with the response.

PAULETTE R KIDWELL

Telephone: (703) 308-9140 EXT 216

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/510,166	PCT/US03/10650	HMI P1195US1

FORM PCT/DO/EO/905 (371 Formalities Notice)